PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09749589

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			23					RATE	FEE	- 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
ТО	TAL CHARGEA	BLE CLAIMS	23 minus 20=		. 3			X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS				minus 3 =		· 3		X40=		OR	X80=	240
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	,
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL	1004
CLAIMS AS AMENDED - PART II								i) (OTHER	THAN
		(Column 1)	السندينا	(Colu		(Column 3)	. S	SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL AINA	=		X40=		OR	X80=	
<u> </u>	FINST PRESE	NTATION OF W	JETIPLE DEP	ENDEN	CLAIN		J [+135=		OR	+270=	
										OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)									• .	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM	HEST IBER OUSLY	PRESENT EXTRA	lг	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]] :	X\$ 9=		OR	X\$18=	
	Independent	TATION OF M	Minus	***	T OL AINA	<u> </u> =	Į [¯	X40=		OR	X80=	
	FINST PRESE	TATION OF MA	JLIIPLE DEF	EINDEIN	CLAIIVI		」 「	+135=		OR	+270=	
							L	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)		011.1 22.4			ADDIT: I EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		3/1		X\$ 9=		OR	X\$18=	
	Independent	ATTATION OF M	Minds	PENIDEN	CLAHA			X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAHA						*	195≡		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL		OB	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												